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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 20534000500

First Inventor FORMAN, MICHAEL R. 75

Title COMBINATION IONIZING RADIATION & RADIOSENSITIZER DELIVERY DEVICES AND METHODS FOR INHIBITING

(Only for new non-provisional applications under 37 C.F.R. § 1.53(b))

HYPERPLASIA

Express Mail Label No. EL525752747US

	APPLICATION E	LEMENTS	ADDRESS TO		Commissioner for Patents Application
See MPEP	chapter 600 concerning design par	tent application contents.	ADDRESS TO	Washington	n, DC 20231
1.	Fee Transmittal Form (e.g., PT Submit an original and a duplicate Applicant claims small entity stage 37 CFR 1.27. Specification preferred arrangement set forth be Descriptive title of the Invention Cross References to Related App Statement Regarding Fed sponsor Reference to sequence listing, at a computer program listing appen Background of the Invention Brief Summary of the Invention Brief Description of the Drawings Detailed Description Claim(s)	TO/SB/17) for fee processing) tatus. [Total Pages 20] elow) plications ored R & D able, or dix	Computer Prog 8. Nucleotide and/or A (if applicable, all ne a.	D-R in duplic pram (Appen mino Acid S cessary) adable Form uence Listin CD-R (2 coper of pages erifying ident NYING APPI Papers (cove 73(b) Stater	ate, large table or dix) Sequence Submission (CRF) g on: olies); or ity of above copies LICATIONS PARTS er sheet & document(s)) ment Power of
4.	Declaration UNexecuted (original or copy Copy from a prior application (for a continuation/divisional) DELETION OF INVENTO Signed statement attached delet named in the prior application, s 1.63(d)(2) and 1.33(b). Dilication Data Sheet. See 37 (dilication Data Sheet under 37 Colication information: Example UNITION or DIVISIONAL APPS of the prior application information:	(37 CFR 1.63 (d)) with Box 18 completed) DR(S) ing inventor(s) ee 37 CFR CFR 1.76 appropriate box, and support of the continuation-in-parameter only: The entire disclosure	12. Information D Statement (ID 13. Preliminary A 14. Return Recei	Disclosure DS)/PTO-144 Amendment pt Postcard pecifically ite y of Priority is claim Certification i). Applicant ent elow and in a application No art Unit: a which an oa	(MPEP 503) emized) Document(s) ned) under 35 U.S.C. must attach form PTO/SB/35
under Box 5		sclosure of the accompar	ying continuation or division	al application	n and is hereby incorporated by
		19. CORRESPO	NDENCE ADDRESS		
☑ Custor	ner Number or Bar Code Label		350 Attach bar code läbel here)	or 🛛 Co	orrespondence address below
Name	NENA BAINS				
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Name (Pi	rint/Type) Nena Bains		Registration No. (Attorney	//Agent)	47,400
Signature				Date	07 MAY 2001

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Patent fees are subject to annual revision.

AMOUNT OF DAVMENT

**or number previously paid, if greater; For Reissues, see above

		Complete if Known	
	Application Number		
	Filing Date		
	First Named Inventor	Forman, Michael	
	Examiner Name	Unassigned	
	Group Art Unit	Unassigned	
_	A44	20534000500	

TOTAL AMOUNT OF PATIMENT (5)	Attorn	еу Боске	et NO.	2000			
METHOD OF PAYMENT				FEE C	ALCULATION (continued)		
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:			3. ADDITIONAL FEES				
indicated fees and credit any over payments to:	Large Fee Code	Entity Fee	Small Fee Code	Entity Fee	Fee Description Fe		
Account 20-1430	105	(\$) 130	205	(\$) 65	Surcharge - late filing fee or oath		
Number	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.		
Deposit Account Townsend and Townsend and Crew LLP	139	130	139	130	Non-English specification		
Name	147	2,520	147	2,520	For filing a request for reexamination		
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	112	920°	112	920*	Requesting publication of SIR prior to Examiner action		
Applicant claims small entity status. See 37 CFR 1.27	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
. Payment Enclosed:	115	110	215	55	Extension for reply within first month		
☐ Check ☐ Credit card ☐ Money ☐ Other	116	390	216	195	Extension for reply within second month		
Order	117	890	217	445	Extension for reply within third month		
FEE CALCULATION . BASIC FILING FEE	118	1,390	218	695	Extension for reply within fourth month		
arge Entity Small Entity	128	1,890	228	945	Extension for reply within fifth month		
ee Fee Fee Fee Description	119	310	219	155	Notice of Appeal		
ode (\$) Code (\$) Fee Paid	120	310	220	155	Filing a brief in support of an appeal		
01 710 201 355 Utility filing fee	121	270	221	135	Request for oral hearing		
06 320 206 160 Design filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding		
08 710 208 355 Reissue filing fee	140	110	240	55	Petition to revive - unavoidable		
4 150 214 75 Provisional filing fee	141	1,240	241	620	Petition to revive - unintentional		
	142	1,240	242	620	Utility issue fee (or reissue)		
SUBTOTAL (1) (\$)	143	440	243	220	Design issue fee		
EXTRA CLAIM FEES	144	600	244	300	Plant issue fee		
Extra Fee from Fee	122	130	122	130	Petitions to the Commissioner		
Claims below Paid	123	50	123	50	Petitions related to provisional applications		
ependent -3** = X =	126	180	126	180	Submission of Information Disclosure Stmt		
Itiple pendent X =	581	40	581	40	Recording each patent assignment per property (times number of properties)		
arge Entity Small Entity	146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))		
ode (\$) Code (\$) Region (\$) Fee Description Code (\$) Code (\$) Claims in excess of 20	149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))		
02 80 202 40 Independent claims in excess of 3 04 270 204 135 Multiple dependent claim, if not paid	179	710	279	355	Request for Continued Examination (RCE)		
09 80 209 40 ** Reissue independent claims over original patent	169	900	169	900	Request for expedited examination of a design application		
10 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fe	e (specif	у)				
SUBTOTAL (2) (\$)		mmissio ve notec			ed to charge any additional fees to unt.		
	·Reduc	ed by Ba	sic Filin	n Fee Pa	aid SUBTOTAL (3)		

SUBMITTED BY	<u></u>		Complete (if applicable)			
Name (Print/Type)	Nena Bains	Registration No. (Attorney/Agent)	47,400	Telephone	650-326-2400	
Signature	Ph R	0	•	Date	07 MAY 2001	

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